



ABN: 90 962 955 078

noarlungatheatrecompany.com.au

**MEMBERSHIP APPLICATION**

(Time from joining + 1 YR FROM 1<sup>ST</sup> JULY)

Performing at The Arts Centre  
22 Gawler Street, Port Noarlunga

President: Linda Lawson  
Mobile: 0417 826 968  
Email: ntc@outlook.com.au  
Patron: Mayor, City of Onkaparinga  
Erin Thompson

BANK: PEOPLE'S CHOICE CU: BSB 805 050 ACCOUNT NO: 102 034 915

Name: (Mr/Mrs/Ms/Miss) .....

Address: .....

Phone: ..... Mobile: .....

Do you have an email address? Yes/No If not, all information will be posted out to your address

Email address: (Please print clearly) .....

**Please tick appropriate boxes below**

New Membership  Renewal

**Please return this form with your payment to:**  
**Noarlunga Theatre Company Inc**  
**Membership Officer**  
**PO BOX 986, MORPHETT VALE, SA 5162**  
**Or BSB & Account; reply email with scanned form**

<b>Full Membership</b>	<b>Concession Membership</b>	<b>Joint Membership</b>
<input type="checkbox"/> Full Year (\$28)	<input type="checkbox"/> Full Year (\$22)	<input type="checkbox"/> Full Year (\$22 each)

**Joint Membership is for two people living at the same address**

**Note: Please use separate form for each member. Joint membership is 2 x \$22, but two forms are required. Each member will receive one membership card with a card number and joint members will receive one card each with a card number. Each card must be presented at the door in order to receive the discount.**

**Concession Type**  Pension  Student  Other

**I would like to be involved in (please tick minimum of 2)**

Acting ..... Directing ..... Front Of House (bar/canteen/ushering) ..... Lighting ..... Sound ..... Backstage .....  
Costumes .....Publicity ..... Set Design ..... Set Construction ..... Stage Management ..... Props ..... Production  
Manager .....Fund Raising ..... Other (Give Details) .....

I wish to apply for new/renewed membership, and I have enclosed the appropriate fee and agree to abide by the Constitution and Rules (copy available on request) of The Noarlunga Theatre Company Inc.  
(If you are under 18, a parent or legal guardian must sign)

Signature .....Date .....